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**Pandemic Planning/ Hospital Influenza Specialty Care Units**

Massachusetts is actively preparing to respond to pandemic influenza. While we cannot know when a novel virus will emerge that is capable of effective human-to-human transmission, most experts agree that an influenza pandemic is inevitable. The unique challenges of pandemic influenza and the potential for widespread illness require us to build on and strengthen our existing preparedness plans and initiatives so that we will be able to meet the needs when a pandemic does occur. The National Pandemic Plan, supplement 3, specifically addresses hospital facility preparedness. While the World Health Organization and the CDC are keeping a close watch on the activity of the H5N1 avian virus, this virus is not capable of effective human to human transmission at this time. Meanwhile, we are preparing for an inevitable pandemic, whether it may be a shift in the currently circulating avian virus or another yet to emerge.

It is projected that a pandemic flu will result in 2 million ill in Massachusetts alone, one half of which are expected to require some level of clinical care including 80,000 hospitalizations state-wide during the first wave of the pandemic. An Influenza Specialty Care Unit will need to be available to each hospital to provide for the screening of outpatients, and for the care of flu patients that do not meet the criteria for hospital admission, but who are too sick to be cared for at home. We are continuing to move forward with our planning for local Influenza Specialty Care Units. While we do not have all the questions answered yet, we are working hard to complete a full template plan for your use. In the meantime, there are three steps the hospitals are expected to complete.

- **Step 1:** At this time, all hospitals should be working to identify those communities in their area that will send flu patients to their Influenza Specialty Care Unit. The communities should be divided up in proportion to the capacity of the individual hospitals. Please work with the other hospitals in your area (whether in your region or not) to designate the appropriate alternate care sites to which residents of specific communities will be directed.

- **Step 2:** Once the communities have been designated, the hospitals should contact the Health Directors of those communities to decide in which community it makes the most sense to locate the Influenza Specialty Care Unit. Once the specific community is chosen, the hospital should work with the Health Director of that community and begin a dialogue of possible sites to consider. A set of guidelines have already been distributed to hospitals. Hospitals may also want to look at buildings in more than one community. If that is the case, a prioritized list should be developed and work should be done in collaboration with the local health officials in each community. It is important to determine if the selected building has been pre-designated for another response function, such as an Emergency Dispensing Site, or shelter. In that event, representatives from the hospital, the health department, and the community emergency manager will need to work together to determine if the selection of the ISCU site is feasible. All sites were to be identified by June 30, 2006.
- **Step 3:** Once the site has been selected, and an agreement for use as an ISCU has been reached with the facility, the hospital should begin the planning process required for licensure with the local health department(s) and local emergency management. The ISCU Data Form, and/or the full application for ISCU licensure, must be submitted by August 1, 2006. The Division of Health Care Quality will schedule site visits as needed to confirm facility compliance.
- **Step 4:** The ISCU license application must be completed by September 30, 2006. Hospitals are encouraged to notify their regional hospital coordinator in advance of this date if any delays are anticipated, or if assistance is needed.